

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of TERRY L. NARANJO and U.S. POSTAL SERVICE,  
POST OFFICE, Chandler, AZ

*Docket No. 03-1774; Submitted on the Record;  
Issued October 8, 2003*

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DECISION and ORDER

Before COLLEEN DUFFY KIKO, DAVID S. GERSON,  
MICHAEL E. GROOM

The issue is whether appellant sustained a recurrence of disability on December 6, 2002 causally related to her October 18, 1999 accepted back injury.

On October 18, 1999 appellant, then a 35-year-old letter carrier, filed a claim for traumatic injury alleging that on that day she sustained a low back injury after she lifted heavy flat trays in her postal vehicle. On that day, the employing establishment provided appellant with a limited-duty position. The Office of Workers' Compensation Programs accepted appellant's claim for a lumbosacral strain. Appellant returned to full duty on February 25, 2000.<sup>1</sup>

On December 6, 2002 appellant filed a claim alleging that on that day she sustained a recurrence of disability due to her October 1999 injury. Appellant noted that since her return to work she had intermittent pain and stiffness in the same area as before. She also stated that she strained her back in a May 2001 automobile accident. Appellant was placed in a limited-duty assignment on December 6, 2002.

By letter dated December 17, 2002, the Office advised appellant to submit a narrative medical report which would include dates of examination and treatment, a history of injury given to her treating physician, a detailed description of findings, including test results, a diagnosis and clinical course of action and her doctor's opinion regarding the causal relationship between her current condition and the original injury.

Appellant submitted a report dated December 9, 2002, in which Dr. Thomas E. McCall, a Board-certified radiologist, read a magnetic resonance imaging (MRI) scan as revealing a loss of disc space at L4-5 which suggested degenerative disc disease and a left-sided small peripheral tear. He also noted a small increased signal intensity on T1 and T2 and small bone hemangioma

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<sup>1</sup> The record contains medical evidence regarding the October 18, 1999 injury, including a February 25, 2000 report in which Dr. Terry E. McLean, her treating orthopedic surgeon, advised that she had not sustained any permanent impairment due to the October 18, 1999 injury.

at T11. Dr. McCall noted that the remaining portions of the scan were unremarkable. By report dated December 12, 2002, Dr. Roger Rose, appellant's osteopath, diagnosed lumbar sciatica, lumbar strain and lumbar degenerative disc disease. In a report dated January 10, 2003, Dr. Rose stated that he was seeing appellant in a follow-up appointment regarding her degenerative disc disease. He noted that appellant had disc bulges at T12, L1, L4 and L5 with intermittent sciatica going down to her feet, but that she was not having symptoms of sciatica at that time. Dr. Rose advised that appellant had signs and symptoms of low back pain and a decrease in her lumbar spine range of motion. He noted a negative straight leg raising test and no motor or sensory deficits. Dr. Rose reported that the original injury was in October 1999 and that on December 3, 2002 she was seen at the clinic for a work-related injury. He noted chronic recurrent low back dysfunction since the October 1999 injury and advised that appellant would be treated with epidural injections to control pain. Dr. Rose reported that appellant was currently on restricted duty.

By decision dated February 12, 2003, the Office denied appellant's claim on the grounds that the medical evidence failed to establish that her current condition was causally related to the October 1999 work-related injury.

In a letter dated March 17, 2003, appellant requested reconsideration. She reported that on August 23, 1997 she was in an accident with her postal vehicle for which she was treated for thoracic, lumbar and sacral sprain, after which she returned to regular duty. She then noted that on October 18, 1999 she sustained a work-related injury and that Dr. McLean, her attending orthopedic surgeon, returned her to full duty on February 25, 2000. She then related that on May 10, 2001 she was in a car accident which she alleged aggravated a preexisting back injury for which she was treated by Dr. Day, a chiropractor. She was released to regular duty on August 6, 2001. Appellant then noted that the mail volume was very heavy in the weeks prior to December 6, 2002 and that the repetitive lifting hurt her back to the point when on that day she left work because the pain was "unbearable." Appellant related that she was then placed on light duty.

Appellant submitted a February 21, 2003 report in which Dr. Rose advised that appellant had lumbar pain, degenerative disc disease and right leg sciatica. In a report dated March 14, 2003, Dr. Rose advised that appellant's recurrent back injury was causally related to her initial 1999 work-related injury "leading to bulging discs [at] T12 and L4-5," worsening at L4-5. Appellant also submitted a Form CA-17, duty status report, from Dr. McLean releasing her to limited duty on December 3, 1999.

By decision dated June 21, 2003, the Office denied modification of the February 12, 2003 decision on the grounds that the evidence submitted was insufficient to warrant modification.

The Board finds that appellant has not established that she sustained a recurrence of disability causally related to her accepted injury of October 18, 1999.

When an employee claims a recurrence of disability to an accepted employment-related injury, he or she has the burden of establishing by the weight of reliable, probative and substantial evidence that the recurrence of disability is causally related to the original injury. This burden includes the necessity of furnishing evidence from a qualified physician who, on the

basis of a complete and accurate factual history, concludes that the condition is causally related to the employment injury. Moreover, sound medical reasoning must support the physician's conclusion.<sup>2</sup>

Causal relationship is a medical issue<sup>3</sup> and the medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. This consists of a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors.<sup>4</sup> The physician's opinion must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>5</sup>

Appellant's claim was accepted for a lumbar strain on October 18, 1999 due to lifting heavy flats. She was subsequently released to full duty on February 25, 2000. On December 6, 2002 appellant alleged a recurrence of disability due to the 1999 injury.<sup>6</sup> The Board finds that she has not met her burden of proof.

In this case, Dr. Rose, appellant's treating osteopath, did not provide a rationalized medical opinion regarding the causal relationship between her current condition and the October 18, 1999 lumbosacral strain which occurred when appellant lifted heavy mail trays. In his January 10, 2003 report, Dr. Rose stated that appellant had had low back dysfunction since October 1999, but he failed to describe precisely what that condition was, or to relate it to appellant's lumbosacral strain. Further, with respect to appellant's lumbosacral spine, Dr. Rose provided no medical explanation of how the lifting injury in October 1999 caused or contributed to the L4-5 bulge. Dr. McCall, a Board-certified radiologist, noted that the L4-5 bulge was indicative of degenerative disc disease, not as a result of a traumatic incident. Further, Dr. Rose did not offer an opinion regarding the effect that appellant's May 2001 motor vehicle accident may have had on her work-related condition.<sup>7</sup> The Board therefore finds Dr. Rose's opinion to

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<sup>2</sup> *Ricky S. Storms*, 52 ECAB 349 (2001)

<sup>3</sup> *Elizabeth Stanislav*, 49 ECAB 540-41 (1998).

<sup>4</sup> *Duane B. Harris*, 49 ECAB 170, 173 (1997).

<sup>5</sup> *Gary L. Fowler*, 45 ECAB 365, 371 (1994).

<sup>6</sup> The Office's implementing federal regulations define a recurrence of disability to mean the ability to work after an employee has returned to work, caused by a spontaneous change in the medical condition which resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness. See 20 C.F.R. § 10.5(x). In this case, appellant alleged as causative to her back condition a May 2001 automobile accident, which is not established in the record as employment related, and to additional mail volume during the weeks prior to December 6, 2002.

<sup>7</sup> *Dennis J. Lasanen*, 41 ECAB 933 (1990).

be of little probative value. Appellant therefore has not met her burden of proof to establish that she sustained a recurrence of disability causally related to the October 18, 1999 employment injury.<sup>8</sup>

The decisions of the Office of Workers' Compensation Programs dated June 21 and February 12, 2003 are hereby affirmed.

Dated, Washington, DC  
October 8, 2003

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member

Michael E. Groom  
Alternate Member

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<sup>8</sup> Appellant also submitted a number of reports signed by Dr. Rose's physician's assistant. These reports, however, are entitled to no weight because physician's assistants are not "physicians" as defined by section 8101(2) of the Federal Employees' Compensation Act; *see Allen C. Hundley*, 53 ECAB \_\_\_\_ (Docket No. 02-107, issued May 17, 2002).